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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 459.]

CONSTIPATION.—There is a form of constipation which occurs in the young of both sexes, from the 14th to the 20th or 22d year, which rather indicates health than disease, and is the result of active assimilation and absorption in the small intestines. Hence, a too great dryness and solidification of the fæcal matters, which, besides being thoroughly drained of assimilative matter, are reduced to so small a volume, as not sufficiently to excite peristaltic action. This form of constipation usually disappears spontaneously at that time of life when, less exercise being taken, and the development of the body being completed, absorption goes on less actively in the bowels, the mucous surface of which is again plentifully lubricated with mucus, as in the first years. As, however, from neglect, or mismanagement of the constipation of youth, chronic disorders often result, a few observations on it may not be out of place.

The first means is, attention to diet, by which alone, in the outset, we ought to seek the cure of the disorder. The food should be pultaceous and herbaceous. A porridge, morning and evening, or at least once a-day, of barley and oatmeal, will often be sufficient to regulate the bowels. Turnips, greens, potatoes, should be freely used at dinner, as well as salad, celery, &c. Bread should be sparingly used, and what is taken of it should be brown or rye. Apples, pears, prunes, grapes, raisins, strawberries, gooseberries, raspberries, cherries, should be used with little restraint, and lemonade or cider may be drank.

Such a system of diet failing to remove the affection, the next thing to be tried (*in addition* to the above diet, which should be persevered in) is injections. A simple one, of tepid water, of considerable volume, should be first employed, every morning or alternate morning, after breakfast. If this is insufficient, then a medicated one should be had recourse to, consisting of gruel, with olive or castor oil, or turpentine; or infusion of senna, &c. As a too great spissitude of the fæcal mass is the evil to be contended with, and as the colon is the part where the accumulation principally occurs, so ought the remedy to be as local as possible. The giving of aperients by the mouth for a simple and very local affection, confined to the opposite extremity of the intestinal tube, besides

being a circuitous measure, is, moreover, attended with inconveniences and disadvantages. In order to relieve the colon, the secretions of the whole upper part of the intestinal tube are, by the method referred to, artificially augmented, and the liver, jejunum, ileum, &c., are thus insidiously trained not to act efficiently, unless under the influence of purgatives. Young persons are thus unwittingly ensnared into a permanent dependence on medicines during life.

If, however, neither a chosen diet nor enemata are sufficient, and some aperient appears to be indispensable, we ought to select one, which, leaving the upper bowels unaffected, acts only or chiefly on the colon, the seat of derangement. Aloes, combined with myrrh or with galbanum, sulphur, &c., fulfil this object. Castor or olive oil are, perhaps, the next best resource.

The constipation of youth, if not mismanaged, generally ceases spontaneously at from the 20th to the 26th year. It is, however, often mismanaged by young persons themselves, the friends or medical attendants. Chronic costiveness is established, with all the disturbances to chymification and chylification occasioned by the use of purgatives, even when most judiciously selected and most moderately used; and with those alternations, now of what we might name vascular collapse, now of plethora, according as purgatives are employed too energetically, or, on the other hand, not with *sufficient* freedom and frequency, *after* their use has been unfortunately established.

We have met with remarkable idiosyncrasies in patients suffering from costiveness, and requiring purgatives. It is, also, singular and important to observe with what rapidity some persons are debilitated by purgatives; how well others bear them; what a slight dose suits one individual; how large a dose is required by another. This patient is freely purged by a teaspoonful of castor oil; that one is only sent to stool by mercury, gamboge, or croton oil. Of those by whom the writer is at present consulted, there are five or six, whose only laxative is a cigar.

Sulphuro-saline waters, as those of Aix-la-Chapelle and of Vichy, and saline waters, as those of Pullna and Seidlitz, are useful in costiveness, and involve fewer risks of future ill consequences than most other means.

The time or times of the day at which purgative medicine should be taken is a matter of no small importance to those seeking not to fall into a *habit* of using such medicine, and to confine the quantity of laxative as rigorously as possible to that merely which is required. We should therefore aim at imitating as nearly as possible the action of nature. Now it is during meals, and probably for from one to two hours subsequent to these, that the biliary, pancreatic and mucous secretions, as well as the secretion or formation of hydrochloric acid, specially take place. Purgatives, then, ought, perhaps, to be given, not once, but several times in the twenty-four hours—namely, immediately before, or during, or soon after, the principal meals. They would thus co-operate in time and action with the natural secretions, and with the more active periods of the peristaltic movements. And this leads me to notice one laxative, which may be used conveniently as a condiment in soup, &c., in place of com-

mon salt. I refer to the phosphate of soda, by which children may be unconsciously beguiled into the taking of purgatives, on the principle referred to by Tasso:—

> Cosi all' egro fanciul porgiamo aspersi
> Di soavi licor gli orli del vaso;
> Succhi amari, ingannato, intanto ei beve;
> E dall' inganno suo, vita receve.

Which we may translate thus:—

> When the sick child requires the bitter draught,
> We smear with sweet the cup from which 'tis quaff'd.
> The infant's sense the honey'd drug deceives;
> He drinks, and from the error life receives.
>
> GERUSALEMME LIBERATA, Book i.

Copper.—Copper may be employed as a tonic and anti-spasmodic; but it has this disadvantage, that its toxical effects are apt to be developed before any considerable therapeutical benefit is derived. Consequently it is not to be compared, in conveniency and efficiency, with iron, zinc, bismuth or silver; but, like them, may be employed, united with vegetable sedatives, in gastrodynia consisting purely of morbid innervation, and where the mucous membrane is healthy. We have used it, also, with evident advantage, as part in a series of treatment for paralysis, local and general. But, for the reason stated above, the range and degree of its utility are limited.

Coriandrum.—A carminative which requires no remark. It may, however, be worth while just to observe, that, in Cullen's opinion, coriander seeds correct, better than any other carminative, the griping effect of senna.

Cornaro.—Though not a proper subject for a "Notice," yet, in this series of papers, a slight reference to Cornaro can scarcely be called out of place. Our only object, however, in here naming him, is to direct attention, in the briefest manner, to the quantity and quality of that diet, and to the hygienic means by which, after a life of intemperance up to his 41st or 42d year, he both recovered entire health, and deferred death till his 98th year.

Between his 35th and 40th years, he became, as he tells us, subject "to pains in the stomach, colic, gout, attended by what was still worse, an almost continual slow fever, a stomach generally out of order, and a perpetual thirst." He had been a free-living man, but now determined on a reform equally thorough and abrupt. He suddenly reduced his hitherto large allowance of food to twelve ounces of solid, and fourteen of liquid, daily. His solid food consisted, as he tells us, "of bread, panada, with an egg, or such other spoonmeat. Of flesh I eat veal, kid, mutton, poultry of every sort, partridges, thrushes;" he also ate fish. Of the fourteen ounces of liquid food, Tuscan wine appears to have formed a principal part. We presume the wine then drank in Tuscany was probably of much the same strength and quality with what is now used, and this contains about three per cent. less alcohol than sherry, and five or six less than port. In the writer's opinion, the wines of Tuscany are pleasant and sound, suit well the diet and the climate, and, used as Conaro used them (and considering his formerly stimulant, and now reduced, diet),

would answer well. The flesh of the kid and thrushes is still used in Tuscany and in Italy generally; and hearty and savory meals we have made of both.

Cornaro makes little or no mention of vegetables or fruits. These, and particularly salads, are much used in Italy, and, from our own observation, we should pronounce the inhabitants of Rome greater devourers of salads than even the Parisians.

In addition to the above dietetic restrictions, Cornaro was careful to avoid extremes of heat and cold, fatigue, mental toil, moral excitement, and sexual excess.

How was his reformation rewarded? In a few days he began to receive benefit and improvement from his new system; within a year his health was entirely restored. Of medicines he makes no mention. He died, sitting in his chair, at 98 (other accounts say at upwards of a hundred), in a manner which quite realized the *euthanasia* of Grecian sages; his breath exhaling from his body as gently as, at the first cold of autumn, the leaf, detaching itself from the tree, rustles down in the forest's stillness.

What is valuable in Cornaro's case, is the illustration it affords of how much can be effected by temperance and hygienic means, and on how small an amount of food life and health may be maintained.

Cough.—We are sometimes consulted for what patients call a stomach-cough, a liver-cough, &c. These phrases, though perhaps not quite accurate, yet express nosological truths. There *are* coughs primarily due to the state of the stomach and liver respectively.

Cough, from peculiar states of the stomach and liver, may be caused in various ways. Great flatulent distention of the stomach may provoke expulsive efforts in the respiratory muscles. An inordinately large meal may produce a similar effect; so may also a hypertrophied liver. The connections of the par vagum with the hepatic plexus, and with the stomach, on the one hand, with the anterior and posterior pulmonic plexuses, on the other, sufficiently explain the cough and dyspnœa which occasionally result from irritated or inflamed liver, and from morbid conditions of the gastric mucous membrane. "The connection," observe John and Charles Bell, "between the stomach and bronchiæ, through the medium of the par vagum and pulmonic plexus, is evident from those asthmatic attacks which depend upon foulness of the stomach."

Again, there are certain aphthous and other morbid states of the gastric mucous membrane, which are evidently gradually propagated up the œsophagus and down the trachea, and causing, in this way, reflex actions in the respiratory muscles.

The treatment of such sympathetic coughs is, of course, entirely subordinate to that of the stomach or hepatic lesion which causes them. Sometimes, however, in phthisical and strumous subjects, the pulmonary irritation, though at first, merely sympathetic, becomes independent, refuses to yield, even after the disappearance of its first cause, and issues fatally. Hence the justice of Andral's advice, to watch with jealousy dyspepsia in strumous persons.

Croton Cascarilla, and Croton Tiglium.—Is is to be regretted that two substances so unconnected, and of proportions so opposed, should have a name in common. We do not see the smallest reason why the unmeaning expletive croton should be retained, but should consider it much more simple and convenient that, henceforth, cascarilla and tiglium should alone be employed.

Cascarilla is an excellent aromatic tonic, which agrees with most stomachs. It may either be given by itself or else conjoined to stronger tonics, or to purgatives. Thus it corrects the cold and griping tendency of senna and neutral salts. In a course of tonics we may often advantageously commence with cascarilla, and go on to gentian and quinine.

For the circumstances in which croton oil is to be used, we refer to the notice of cathartics (p. 271, vol. xxxvi., of this Journal). It is there noticed, that in congested states of the vena portæ, in cerebral congestion, in some forms of cephalalgia, and of tic douloureux, croton oil is a powerful and prompt, though almost always a harsh and debilitating remedy. It is indispensable to its being administered safely, that there be no tendency to inflammatory congestion of the gastro-enteric mucous membrane. It suits best leuco-phlegmatic subjects, and persons whose congestions are venous, not arterial; passive, not active; and the torpor of whose portal circulation is due to no organic cause in the liver or heart. In such cases, croton oil is sometimes singularly serviceable.

CHLOROSIS.

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Chlorosis, or the "green sickness," has its name from the green, pale and yellowish look of those who are affected with it; "a genus of disease in the class Cachexiæ, and order Impetigines, of Cullen," belonging to the fifth class (Genetica), and the order Orgastica, of Good. It is a very frequent disorder, and hence a very important one. Every physician is acquainted with its usual phenomena, progress and terminations; but I am aware that a diversity of opinion prevails, both as it regards the nature and treatment of the complaint.

It cannot be expected, in a paper like this, that everything pertaining to the subject can be treated of, nor is this the object in view; it is only intended to glance at the general features of the disease, at the same time applying the treatment which has been found most useful in a great variety of cases, which is based upon correct pathological understanding, being in harmony with the opinions of the most distinguished writers of the day.

I have adopted those opinions respecting the nature of the disease that have appeared to me most rational; or rather those that correspond with the pathology of it, which are the results of close investigation; they are associated with the names of Burnes, Hall, Roche, Sanson, Gendrin and others.

Symptoms.—There is weariness, lassitude and debility. The appetite

is depraved or there is complete loss of it, and at the same time emaciation takes place. There is a pale, sallow complexion, a blue tinge around the eyes and lips, the patient becomes gloomy, restless and peevish; he will seldom look his physician in the face, but wears a kind of retired and pusillanimous expression of the countenance—an expression peculiar to this class of patients. I have seen them eat coal, chalk, ashes and common earth—such is their unnatural longing for indigestible matter. Cold feet is a pretty constant symptom; headache and palpitation of the heart are very frequent ones. There is so much disturbance about the heart that we are often led to inquire if there is not some organic disease of that organ; some have heard the *bellows sound* distinctly, but when their patient became strong there was no palpitation, nor dyspnœa, and the action of the heart was perfectly healthy, proving that the disturbance was purely functional. Dropsical effusions take place both in the extremities and in the cavity of the abdomen. Anomalous symptoms occur, hysteria in all its forms, as well as more serious affections; for there is not an organ in the body that does not occasionally suffer. Chlorosis has a marked tendency to terminate in phthisis pulmonalis. Dyspepsia generally afflicts this class of patients. The disease is not so exclusively confined to the female as is generally imagined; there are many cases in the other sex. Boys about the age of puberty, are not unfrequently its victims, as I have observed, and "several exquisite cases" are mentioned by authors.

Nature of the Disease.—In all cases of chlorosis there is more or less functional derangement, but the essence of the disease consists in the impairment of the blood. Amenorrhœa, a disordered state of the liver, bowels, and of the secretions generally, may, and often do, exist, but the great pathological change is found in the elements of the blood, and particularly the deficiency of the red globules and the fibrin, which are said to be almost altogether wanting; constituting *anæmia*, a condition of the system where the vital properties of the blood are nearly absent. This deficient formation of the vital fluid accounts well for the excess of serum in serous membranes, and the œdematous state of the face and legs.

This impoverished state of the blood is proved from analysis and by the fact that bloodletting and mercury are destructive to chlorotic patients, while iron and deobstruents speedily improve them. *Chlorosis* may therefore be said to be a reversed condition from *inflammation*; the illustration is good in theory, and is excellent in practice. Elliotson, Hall and others remarked that hemorrhages which arise from the peculiar condition of the capillary system in chlorotic patients, are remarkable for the aqueous character of the discharges. Blood of this kind will scarcely tinge linen, and it soon yields all the characteristics of serum.

During inflammation the blood itself becomes changed, but the red particles are not lost, they are only separated from the fibrin, which latter principle remains also, sometimes wanting its natural color, but its constituent parts are present, which is not true in anæmia. As I have said before, this opinion applies well in practice; bloodletting and the anti-

phlogistic regimen will cure inflammation, it being equally well established that iron and stimulants will overcome the opposite affection.

This degeneration and alteration of the blood, then, constitute the nature of the disease, and the train of symptoms that follows is the result of this depravity and change; the symptoms vary according to the habit, constitution and circumstances of the patient.

Causes.—The causes of the disorder are various. It may arise from a bad condition of the secretions, inducing such a state of the blood as we have spoken of. Thus, a disordered liver will cause other derangements, which often bring on chlorosis; or the disease is idiopathic, and functional disturbance is the consequence. The same is true of deranged uterine function; it may induce the complaint, or it may come on after chlorosis is already established. So with the stomach and bowels, when they are embarrassed. In some diseases of the heart and spleen the patient becomes bloodless. Anything that debilitates him may cause the complaint. Masturbation is more frequently the inducing agent, than suppression of the menstrual discharge. This vice often accounts for pallid lips, cadaverous countenances and trembling limbs; it steals the beauty and strength of youth. The habit is not restricted to any grade of society; it makes its fearful ravages amidst all sorts and conditions of men; and to it we may in many instances trace all the melancholy effects of the disease under consideration. In treating the disorder in such cases, *this habit must be corrected*, or a cure may at once be despaired of. Great loss of blood, or an imperforate state of the *os uteri* or of the hymen, would, and does, occasionally induce the complaint. I have seen patients after a severe fever suffer from all the signs of anæmia, the fever having induced the same pathological changes that occur in chlorosis, whether the latter has arisen as an idiopathic or symptomatic affection. Shakspeare had allusion to this exsanguinous condition, when he makes Cassius say of Cæsar:—

> "He had a fever when he was in Spain.
> * * * * * *
> His coward lips did from their color fly;
> And that same eye, whose bend doth awe the world,
> Did lose his lustre: I did hear him groan:
> Ay, and that tongue of his, that bade the Romans
> Mark him, and write his speeches in their books,
> Alas! it cried *give me some drink*, Titinius,
> As a sick girl."

Cassius shows how weak and puny the great Cæsar had been in former times, and contrasts that with his present strength and popularity; and the poet, to give deep coloring to the subject, and widen the dissimilarity, makes him a monarch, and then a bloodless invalid, like "a sick girl."

Treatment.—The treatment of chlorosis is of two kinds—viz., first, that which is proper when it occurs as an idiopathic disorder; and secondly, that which is suitable when it is symptomatic.

In the first instance a free exhibition of iron and cantharides will be almost certain to afford relief. The iron will make up for the deficiency of the red particles of the blood, and will in a measure repair the depravity of the vital fluid—the cantharides will increase the fibrin, for this

drug contains a principle analogous to fibrin, according to Robiquet, and its stimulant and irritant properties will arouse the whole system into energy and vigor. These means, with attention to regimen, gentle exercise, the use of the shower bath, and shampooing, will commonly perform a cure.

I prefer giving cantharides in the form of the tincture. I give from ten to eighty drops three times daily, immediately before eating, in a little sugar and water, commencing with the minimum dose, and gradually increasing it till it excites some irritation in the urinary passages, then return to the small quantity, and proceed as before, diminishing and increasing the medicine until its action is no longer necessary.

I like the precipitated carbonate of iron, and the tincture of chloride of iron. I have employed the sulphate of the same metal in chlorosis with much benefit, but I think the two first mentioned preparations the best. They are all good, and can be selected or changed to suit different cases. R. Tinct. ferri. chlorid., tinct. cantharidis, āā ʒ j. M. Dose, from twenty drops to two teaspoonfuls, three times a-day, in sugar and water—to be taken just before eating. R. Ferri subcarb., ʒ ss.; pulv. cantharidis, grs. xviij. M. Divide into twelve powders, one to be taken in syrup or molasses three times a day. The sulphate of iron may be employed in simple solution (in water), or in pill, rubbed up with the extract of gentian, but the mistura ferri composita is its most eligible form.

When chlorosis is sympathetic of other diseases, the treatment demanded will depend on the circumstances of the case. If the chylopoietic viscera are deranged, measures should be taken to remove the diseased action. Diseases of the lungs, heart and spleen should have their appropriate management; the same of uterine affections, and so on. When harmony of function is restored, then *iron* and *cantharides* should be resorted to in doses suited to the individual. An imperforate *os uteri*, or hymen, should have their surgical treatment, and all pernicious habits into which the patient has fallen *must* be corrected. Everything relating to the general health should have early and prompt attention. A nourishing diet, old wine, porter and moderate exercise, are important remedies. The patient's mind should be kept cheerful. Often the greatest good results from a change of climate; sometimes a change of situation from one town to another, even a change of residence in the same village or city, has been productive of benefit. CLAUDIAN.

July, 1847.

EPIDEMIC AMONG HORSES.

[Communicated for the Boston Medical and Surgical Journal.]

IN this section (the western part of Ontario and eastern part of Livingston counties, N. Y.,) there is at present prevailing an epidemic among horses; an account of which I have thought might be of interest to some of the readers of your valuable Journal.

During the past winter and spring an epidemic erysipelas has been prevailing, and still prevails, among the human species; and some time in March it was first observed, by the writer of this article, that many of the horses he met on the road were frequently snorting and oftentimes coughing; and this, too, when the condition of the animal would not lead one to infer it was diseased with the glanders, colt distemper, or even a common cold. The latter part of April, my own favorite horse commenced snorting—a short, rough, spiteful, irritated snort—as if some insect, or offensive particle of dust, was highly irritating the nares, and he was endeavoring, partly in anger, to dislodge it from the mucous membrane. It increased, and in a few days I was led to make a careful examination of his morbid mucous membranes, and compare his case with some eighty or a hundred others.

Diagnosis.—The mucous membrane of the nares bright red, like scarlet, with numerous minute, dark-red points. The bloodvessels highly injected. In slight cases, a thin ichorous matter covered the whole membrane, and in snorting was blown out, in a shower of fine mist, perhaps full in the face of the examiner. In bad cases, patches of aphthæ, or ulcerations, could be seen, with pus trickling down from the higher portions of the nares. At the angles of the jaws, the cervical glands swollen and enlarged, and sometimes indurated. The tongue pale, cold and smooth. Appetite poor, or very variable. Pulse 60 to 95, hard, wiry, and demanding venesection. Ears cold, also heels and ankles. Eyes heavy and sunken. In bad cases, the pulse would be full and hard, the hair rough and staring, and the mane and tail easily starting from the root. The glands of the neck very much enlarged. A short, frequent, and uneasy cough, with scanty expectoration, or discharge from the nose. In almost all of these cases, death was the finale; oftentimes very speedy, from exposure to damp atmosphere or a change of temperature. I presume, within the circle of a few towns, I have heard of more than thirty deaths. Ten were out of one lot of western horses. There were no symptoms of its being contagious—at least I know of none.

Treatment.—"Horse doctoring," as usually practised, is so much like quackery, if not essential quackery, that one is hardly free to speak of it. I shall only refer to a few cases, under my own care. In one very bad case, where I judged that the mucous membrane of the lungs was affected, I bled very freely, and the blood drawn was in a highly inflammatory condition, as indicated by the buff coat. Gave saline cathartics, with antimony. The latter was continued for a number of days in small doses. This treatment was successful. In another, where there was a congestion of the liver, calomel with antimony was exhibited, and the latter continued until the highly injected state of the mucous tissue of the nares had subsided. In very mild cases, a warm stable, short diet, and nitre and antimony in the water drank, were sufficient. In cases of swollen glands, a liniment of sweet oil, six ounces; oil vitriol, two ounces; spirits turpentine, eight ounces; was used for discussing the tumors. The heroic remedy, as in all cases of inflammation of the horse, was bleeding. Not one horse has died where this was used promptly and decidedly.

It is a point of interest to the philosophical pathologist, how far the epidemics of the "lords of creation" extend to the inferior orders of animals. In the epidemic just described, no one who has seen the epidemic prevailing among the human species, will at all doubt that there is an "identity of unity" in the two. I have in remembrance an epidemic bilious pneumonia, which prevailed in my ride in the winter and spring of 1813, which extended to horses, and destroyed twelve in my own neighborhood. My beautiful horse died of gangrene. In the epidemic fevers of 1838, of the western country, hogs and dogs, as well as horned cattle and horses, were affected, not only with the fevers, but the sequelæ of them, in diseased livers, enlarged spleens, dropsies, marasmus and broken-down constitutions. EQUES.

E. Bloomfield, N. Y., July, 1847.

OPERATIVE SURGERY.

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OPERATIVE surgery is a valuable art, and as such it is appreciated by the public in general. Within the last fifty years, as an art, it has been very much improved—and medical students, within the same period, graduate with a better knowledge of anatomy, as a class, than formerly, in order to be qualified in this branch of practice. The diagnostic and therapeutical dogmas, of other days, have had serious inroads made upon their fields, by the hydropath, homœopath, and other single-idea theorists and their disciples, with what actual benefit to practitioner or patient, it might be difficult to decide. But the standard truths and manipulations of surgery remain, with the addition of undoubted improvements in the art.

Still there are few good operating surgeons, and the complaint is loud against the surgeons of the army for their inefficiency, at a time when their services are most needed.

In private practice operations are less frequent now than formerly; partly from the fact that a better surgery now saves, where a less experienced or less careful judgment formerly destroyed—and also from the absorbing power a large hospital exercises, with its active organs, collecting all "cases," and shutting out from general practice the frequent opportunities for operations.

It is a well-established rule, that in cases of emergency, that surgeon is better qualified to conduct a case with judgment, and to a successful termination, who is always ready at any moment to do the operation required as a last resource. This rule applies with peculiar force to strangulated hernia. So is the student informed in the lecture room, and in his visits to the hospital wards. And the demonstrator assists him in this idea, as his scalpel reflects the "super-imposed" tissues upon the cadaver in the room devoted to practical anatomy.

But instruction should not stop here. The young surgeon should be further aided in a first case upon the actual living disease. And how is this to be done? Surely in no better way than by allowing the hos-

pital to be the school for the surgeon who wishes it, in the practical part of his duties, as it was the elementary school of the pupil, while prosecuting his studies previous to the examination for his degree.

The public may not always judge of surgeons by their abilities, as the public may not always be acquainted with them. As the matter now stands, there is no standard of reference, even for the young surgeon. The surgeons attached to a public hospital should be undoubtedly of the highest order, as the most difficult cases will be likely to come under their care.

Cases pass, many times, from the direction of those who are well acquainted with the history and the progress of the disease, and the condition of the patient, to the operating table of the hospital, where individual responsibility ceases, and combined wisdom directs, "for the public good," which is, and should be, the motto and rule of practice in all public institutions. The hospital and its directors might do more than at present.

It is certainly advisable that every individual professing legally to deal with human health and life, should be competent to the task. In medicine, the fact is not so easily made apparent. In surgery, excellence is more easily comprehended.

The hospital of a great city should be, and is supposed to be, the centre of medical science, and contributes much to the education of medical students—when they become physicians and surgeons, they are not deprived of the privilege. We believe there is no right in the matter, of visiting the operating theatre with the students, and, at a distance, witnessing the operations upon their own or upon other patients. But they may take no part in any operation, even if the patient, or victim, as the case may be, desires it ever so much.

There is some danger that a "young and enthusiastic physician" might administer a new and favorite remedy, at some hazard to life, if uncontrolled by the well-trained judgment and cautious practice of a senior, whose age forbids his making a mistake in diagnosis, or a positive blunder in the exhibition of an agent of power. There is, however, but little danger that a "young and enthusiastic surgeon" will undertake an operation without the requisite qualifications, and more particularly if he is to operate under the eye of those who are among the distinguished professors of the art.

The "Banner of Medical Reform," so much talked of, has lain in its ample folds a long time. It should float in the breeze, and the true "reformer" do all in his power to rally the true sons of the healing art. The "medical pirate" would not then be so successful in his cruises, with his boldly-blazoned charlatan flag.

Unfortunately, in "reforms," the heads of the "old rule" give but little aid. Still, in the practice of an art which is to benefit the human race, and aid the cause of benevolence, the distinguished leaders might depart from the general rule.

All great men, acknowledged heads of their profession, dispense with jealousy and seek to elevate the whole profession, and not a few only of

its members. A generous, open rivalry stimulates all to excellence. The tendency of the proposition to be submitted would be, perhaps, to increase in cities, not the number of nominal surgeons, but of good operators.

A hospital, directly and indirectly, nearly monopolizes surgical practice. Many patients resort to it, against their wishes, from the idea that relief is nowhere else to be found; and patients slide from "*private practice*" into the hospital, and vice versa, sometimes so curiously, that the conviction is forced upon them, that the connection is very near, and almost one concern. No one supposes that hospital rules are made with the intention of producing any result unfavorable to public or professional good, or that the directing members of the different medical departments should ever consider that their positions entitled them to depreciate the talents of their contemporaries, for the gain, in dollars or reputation, to the establishment in which they are associated.

It will be admitted by many, that an appointment as an operating surgeon to a large hospital, is evidence of some acquirements and a passport to the confidence of the public; with others, it would not avail so much.

Where shall a patient go to know the ability of any individual into whose hands, by casualty or otherwise, he might fall? Not to the chief surgeon of a hospital, who, perhaps, as he should be, is the most distinguished surgeon of the place. He will be unable to answer from actual knowledge, as he may not have witnessed any operation done by the individual in a practice of twenty years.

We want good operating surgeons. The hospital should be open to all surgeons of regular standing, young or old, for the purpose of doing such operations as might be necessary in the treatment of cases introduced by them to the hospital, subject, of course, to all the rules of the institution, and to the superintendence of the surgeons attached to it, and to their decision upon the propriety of the measures proposed. And for the consideration of the directors of the hospital, it is to be wished that some one in authority will propose "that all surgeons of regular standing may have the privilege of operating upon their patients in the hospital—the patient having entered in compliance with the usual rules and regulations." And it is also to be wished that such proposition may receive the sanction and support of the profession themselves, who undoubtedly do regret that any of the medical profession should not be up to the standard excellence of the age. No one will infer that any exception should be taken to the operations at the hospital, or that any one, qualified to judge, should suppose that operations could be any better performed than by those who are the regular officers of the institution.

A medical gentleman of another city was heard to say, the other day, that, according to report, Boston was badly off for good surgeons—that there were but six in it, and they were those of the hospital of course, and some of those were quite young men. That he might have been so informed, may be true. But that the facts are so, is not true. And for the professional credit of Boston, the facts should be known.

That the "six" at the Hospital are all good, among the best, may be admitted, without detriment to the others, and the youth of any of them should not detract from their acknowledged merit. Their positions are mostly "posts" of honor, as far as the institution is concerned; and as there is no "profits or loss" to be considered, the proposition to admit the "outside barbarians" cannot do injury to any one, if adopted.

There are many surgeons not attached to the Hospital capable of performing any professional services that may be required in the city, and constantly engaged in practice, notwithstanding the bulletins of head quarters give them little opportunity to become known. More than "six" might be named, who perform "first-class operations," unostentatiously, with or without ether, though a few stolid lights of the profession repeat in unison that it is "impossible to do them out of the Hospital."

Perhaps, Mr. Editor, you, or some of your contributors, will suggest a method to bring this matter to the notice of those who can aid in the cause. And the officers of the Hospital, with their well-known desires for the "public good" and "professional elevation," will, beyond a doubt, meet the suggestion in the true spirit, and by their means the "profession" and the public may soon find out the oblivious truth, that there are more than "six" operating surgeons in practice in Boston and its

August 7th, 1847. VICINITY.

MEMOIR OF DR. JOSEPH HUSE.

[Communicated for the Boston Medical and Surgical Journal.]

It is a consoling reflection to a good man, in his last hours, that his efforts have been directed, in an unabating course, to the accomplishment of the greatest good to his fellow mortals. The benevolent physician who has labored for half a century, endeavoring to mitigate the miseries of his species, by administering relief to both rich and poor, through the rigors of northern winters and the scorching heat of sultry summers, suffering sleepless nights, irregularities in diet, and other privations, with the addition of heavy responsibilities to his suffering patients, resting on his mind to render his excited feelings still more severe, certainly has some claim on the community, where his life and labors have been spent, for their gratitude, and to be held in remembrance by them as a philanthropist. The greatest source of regret to the good physician arises from the imperfection of his art, in his inability often to administer desired relief to his suffering patients; but still, if his efforts are well directed, and his want of success is the consequence of uncontrollable disease, he ought not to receive less esteem than when he has the pleasing satisfaction of being instrumental in accomplishing the desired object.

Dr. Joseph Huse was born in Methuen (that part which is now incorporated by the name of Lawrence), February 21, 1774. His parentage was highly respectable, his father and grandfather having been educated physicians. He was pupil to the late Dr. George Osgood,

of North Andover, Mass. After pursuing his medical studies during the time prescribed in those days, in the spring of 1796 he commenced the practice of medicine in Camden, in the county of Lincoln, and then District of Maine. He was an ancient Fellow of the Massachusetts Medical Society, and continued a member till Maine was incorporated into the Union.

I thought it due to the memory of Dr. Huse to insert a short memoir of his life and professional labors in your Journal, thinking that it might be interesting to young physicians to know how it fared with some of the older practitioners at the commencement of their professional career. In order to render this memoir more complete, I will here insert a communication from the Rev. Jonathan Huse, of Warren, brother to the deceased, who lives in the adjoining town, and was well acquainted with his reputation and success as a practitioner.

"There was one physician in the town of Camden, but he soon retired and left Dr. Huse a large field, wholly unoccupied by any but himself. He was therefore immediately called into the practice of his profession. Being accessible and successful, he soon gained the confidence of the community, and an extensive business in physic and surgery. His labor was very arduous, as the roads in several directions were almost impassable, and the people unable to improve them. He sometimes visited patients at the distance of twenty or thirty miles, and often submitted to many inconveniences and deprivations, being obliged to travel in cold, dark and stormy nights, over hills and dales, among rocks, stumps and bushes, through sloughs and inundations, even at the hazard of his life. He frequently visited the islands in Penobscot Bay, and then travelled to the houses of the sick on foot upon them. Once, when returning in a boat from an island nine or ten miles distant, with only one inexperienced man, he was enveloped in fog, and lost; and having no compass as a guide, the boat deviated from its proper course, and passed nigh several shoals and ledges, to the utmost danger to life; but at last the boat landed in safety several miles from the place of destination. Many other narrow escapes has he experienced while passing upon the ice, upon the water, over precipices, and through dangerous roads, which escapes should be imputed to Providential interposition. He was what might be called a popular physician, and many, very many, sincerely deplore his death. He was their 'beloved physician.'"

Dr. Huse was a benevolent and hospitable man. Having no children of his own, he exercised his benevolence in educating the children of others for usefulness, and to become valuable members of society, and who will have reason to remember him with gratitude; and his distant friends will not suddenly forget his hospitality. Dr. Huse's knowledge was acquired more by experience and observation among the sick, than by extensively reading the theories and opinions of others, considering those theories valueless which were not productive of practical utility. His success as a practitioner resulted more from his discriminating eye and rapid discernment of his patient's malady, than from a prolonged course of theorizing investigation. He was one of the senior consulting physicians

in the county of Waldo, and had been for a long time before his decease. About six months previous to his death, on returning from a visit to a patient, he was precipitated from his carriage, some twelve or fifteen miles from his residence, and received an injury from which he never recovered. He lingered along till the 30th of June, 1847, and died in the 74th year of his age, and the 52d of his practice.

Wilmington, August 7, 1847. SILAS BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 18, 1847.

American Phrenological Journal.—An occasional reference to this Journal is made, for the purpose of directing to it the attention of those who are curious in the study of anthropology. Mr. O. S. Fowler, the editor, makes no apologies to the world for advancing his opinions, but fearlessly deduces what he believes to be the laws of nature in regard to the mental, moral and physical indications of man, as he finds them registered on the cranium. His arguments are always ingenious, and more frequently than otherwise convincing. On whatever branch of knowledge he happens to engage for the time, a characteristic energy is always recognized, and a perseverance exhibited that never tires. On most physiological topics, this phrenological messenger agrees with the latest and best authorities, although there are frequent episodes to vary the construction of a scientific argument. Nothing comes in with a better grace, by way of relief, while managing a difficult subject, upon the nature of which there is a difference of opinion, than the frequent introduction of pertinent illustrations. Mr. Fowler's experience in the imperfectly explored domain of phrenology, furnishes him with an exhaustless store of anecdotes, remarks and important facts, which give a charm to many a page that might otherwise have gone down unread to the tomb of the Capulets. Having listened to Spurzheim and Combe, besides a host of native expositors of the functions of the brain, it is due Mr. Fowler's reputation to say that we consider him as happy on this subject as any one in the category of lecturers.

While referring to the periodical literature of phrenology, it is appropriate to observe, in connection with the topic, our regret that the enthusiasm once exhibited in regard to popular lectures on the science, has so completely subsided. While the fever was raging, cabinets were collected, libraries were commenced, all the accessible golgothas on the globe were ransacked for extraordinary skulls, and, in short, knowledge was vastly increased.

Physiology is certainly under obligations to phrenological inquirers; and even philologists ought to thank them for new words, expressive of ideas which their nomenclature alone provides for conversational purposes. On the whole, a reaction in favor of the claims of phrenology to the consideration of scholars, and of all who belong to the household of universal knowledge seekers, is to be desired, because it is one of the recognized means, in the use of which nature has already revealed many of her extraordinary secrets, and she doubtless still has many more to be laid open through the exercise of the same agency.

Teeth—their Structure, Diseases and Treatment.—Perhaps the influx of dental treatises, just at this juncture, may be accidental; yet it is evident that there is a bibliomaniacal epidemic particularly active among dentists north of Mason & Dixon's line. Mr. John Burdell, of New York, has prepared a pocket affair that sells for a York shilling, which contains a collection of miscellaneous information on the teeth and some other parts of the living system. The plates, of which there are not far from forty, are in general well executed, and are actually worth, to a student of anatomy, or any one else studying matters and things in general, more than the price asked for the pamphlet. Mr. Burdell resorts to comparative anatomy, very happily, to our apprehension, to prove that some of his assertions are true. He thinks, however, that teeth were not made to brush—an idea, doubtless, that originated with the Rev. Dr. Paley, who says that teeth were not made to ache; but they both ache and require brushing in these degenerate times, when acorns and raw meat have been abandoned for roast beef and plum pudding. Yet Mr. Burdell ought to thank his stars for living at this period of the world's age: had he been on hand in those primeval days when skins were in fashion and broadcloth unknown, he might have been a hunter of wild animals, instead of a Broadway dentist in profitable practice. Nos. 41 and 42, of the engravings, are certainly out of place in a practical dental guide. What on earth has a drawing of the "first female, as she came from the hand of God, as a specimen, and given to man for a mate," to do with the teeth? Besides, we give the artist no credit for accuracy in the drawing, because it is not probable that the first woman resembled a sack of meal, corded in the middle. Mr. Burdell succeeds better with subjects professionally familiar to him, than with the forms of ladies of an antediluvian epoch.

Ranking's Abstract of the Medical Sciences.—A fifth number of this half-yearly abstract, embracing the period from January to July of the present year, has promptly appeared from the press of Messrs. Lindsay & Blakiston, of Philadelphia, and appears to equal, in the character of its papers, any that have preceded it. An opinion is abroad, that an abstract, constructed as this work is, by selecting articles here and there, and, in fact, from all sources which happen to please the compiler, involves no higher order of talent than is displayed by the nursery maid who makes volumes with her scissors out of old newspapers. The one, it is said, is as much a book of scraps as the other. There is no parallelism, however, in the cases. The one contemplates a collection of sentiments illustrative of human life, for example, and depending on individual taste; while the other embraces great scientific principles and facts, which have in view the relief of those who are prostrated by disease and the breaks and maims to which men are incident. To do this, implies the possession of no ordinary powers of discrimination; and then to classify, as well as cull the best out of a world of materials, requires something more than every day qualifications.

A report on the progress of Forensic Medicine, in this number, by Mr. Guy, is instructive, and should be carefully studied, because points are illustrated by the nicest tests imaginable. Perhaps some might place a higher value on the report of *the present state of knowledge respecting the surgical, medicinal and obstetrical application of the vapor of ether.* We,

who reside on the spot where the great discovery was made, have had so much to do with it, that foreign writers on the subject cannot claim so much of our attention as they otherwise would.

Chemistry at Home.—Having referred, on a former occasion, to the elegant chemical preparations of Mr. Teulon, of this city, it is gratifying to add that he is very successful in his efforts to produce those delicate articles for which the French have been so long in the ascendant. His syr. ferri iodid. is called beautiful, by one of the scientific druggists of Boston. A very little home encouragement would soon enable our own chemists to compete with the old houses of Europe. It is certain that Messrs Farr & Co., of Philadelphia, already equal the best manufacturing chemists of England or France. Their morphine, quinine, and different forms of iodine, mercury, &c., cannot be excelled anywhere. Why does not some enterprising person commence the manufacture of iodine on a large scale here in Boston? The demand for it in calico printing and potography is immense—at a cost of from one dollar to one and a quarter the ounce. It is easily made from sea weed, particularly kelp, and there is enough of it always floating about the island beaches in the lower harbor, to supply all nations with it in its best and purest state.

First Commencement of the Medical Department of the University of Buffalo.—The first commencement of the above institution was held on the 16th ult., in the First Presbyterian Church of Buffalo.

The exercises commenced with a fervent prayer, by the Rev. Mr. Hopkins, Pastor of the First Presbyterian Church. This was followed by music, by the choir of the Church. Hon. Mr. Fillmore, Chancellor of the University, then delivered an address, giving an historical account of the educational enterprises heretofore undertaken here—the rise and progress of this institution, and urging, in an emphatic, forcible manner, its claims upon the liberality of our citizens, in order that its character and permanency may be secured.

Next followed music by the choir, when the Chancellor conferred the degree of M.D. upon seventeen gentlemen.

After the diplomas were conferred, Professor Hamilton delivered an impressive and eloquent charge to the graduates.

The exercises concluded by music by the choir, and benediction by the Rev. Mr. Schuyler, of St. John's Church.

We have thus chronicled not only the first commencement of the Medical College, but the first event of the kind which has ever transpirerd in our flourishing city. The occasion was one of much enthusiasm, and was justly characterized by the Chancellor, in his address, as marking an era in the history of Buffalo. The general interest manifested, from the first, in our youthful institution, has been greatly enhanced by the encouraging success which has thus far crowned the enterprise. So far as we know, no Medical Institution in our country, with a single exception, ever commenced with so large a class as attended the first session of this school. Efforts will be at once made to secure, by the time the lease of the present building expires, the erection of a commodious edifice; and we feel that we are justified in anticipating for the institution, the speedy and full realization of the most sanguine expectations both of the public and profession—*Buffalo Medical Journal.*

Medical Appointment in the University of New York.—Samuel H. Dickson, M.D., of Charleston, S. C., a gentleman distinguished for his high medical attainments, and particularly known as the author of a work on the practice of physic, under the title of Essays on Pathology and Therapeutics, has received the appointment of Professor of Theory and Practice, in the University of New York, in the Chair made vacant by the death of the late lamented Dr. Revere.

Yellow Fever in New Orleans.—By the following notice, issued by the Board of Health of New Orleans, under date of August 2d, it will appear that there is no longer any doubt of the existence of yellow fever in that city:—

"It having been well established by the observation of the physicians of the city, that the yellow fever is now prevailing in nearly every part of it, and further appearing by the reports of the medical men of the public and private hospitals, and of the cemeteries, that the cases of this disease have been numerous during the past week, and forty-seven thereof fatal—it becomes the duty of this Board to apprise the public, and particularly the unacclimated, that we are on the eve of an epidemic, that the latter may prepare to absent themselves in time, and avoid such exposure and imprudence as may increase their susceptibility to the disease.

"A. Hester, *Sec'y.* Warren Stone, *Chairman.*"

Temperature of the Apartment of Lying-in Women.—Females, according to my observation, suffer more from over-heated and improperly ventilated apartments than from any, and perhaps, all other causes combined. At an early period of my professional life, I was led to notice the injurious effects of too much heat and confined air in the lying-in apartment, while resident surgeon of the New York Hospital. At that time, there was a ward appropriated to this class of patients, and in cold weather it was heated by a metal stove, and it so happened. that almost every patient, whose bed was near it, was affected with febrile paroxysms, inflammation of the mammæ, bronchitis, or some other difficulty, which made recovery slow and uncertain, while those who were placed in a remote part of the ward, rarely suffered from any of these affections, and got up much sooner from their confinement. Since that time, I may remark, that I have hardly known an instance where the bed of the patient was near the fire place, or where the apartment was kept too much heated and ill-ventilated, that the patient has had a good recovery, and I now regard it almost a matter of certainty, that if I cannot have the control in these matters, my patient will, as a consequence, suffer more or less seriously. My experience has been so uniform on this subject, that ventilation and a proper regulation of the temperature of the lying-in room claim my earliest and constant attention.—Dr. Jas. C. Bliss, in *N. Y. Journal of Medicine.*

Anti-inflammable Cotton.—A physician in Georgia, in recently attempting to prepare gun cotton from a receipt sent him by a brother physician, was unsuccessful, and found to his astonishment that his cotton would neither explode nor ignite, being anti-inflammable. On investigating, to find out the cause, he found that he had not used the right acid, muriatic

acid we suppose. He repeated the process, and the result was the same; so that he claims to have discovered a method of rendering cotton incombustible. He says that this cotton can be prepared with little expense, as he has tested the matter sufficient to know that it can be manufactured into cloth, the lint and texture of the cotton being not in the least injured, but capable of being made into clothing with as much ease as from the common material.

Medical Miscellany.—The eighth annual announcement of the Baltimore College of Dental Surgeons is circulating. Good preparations are made for the ensuing lecture term.—A catalogue and annual announcement of the Willoughby Medical College, Ohio, is also abroad. It should be recollected that the institution was removed, last season, to Columbus, the capital of the State.—A popular address by Dr. Evans, before the Medical Society of East Tennessee, together with rules relating to medical etiquette, has been published by the Society.—Mr. L. N. Fowler, the enterprising phrenologist, has brought out his phrenological and physiological Almanac, for 1848, abounding in curious matter on his favorite science.—M. Korblewicz, an exiled Pole, is the Surgeon of the French steamer, Le Philadelphie, just arrived at New York.—Dr. Edward R. Squibb has gone out Assistant Surgeon of the U. S. Brig Perry, for the Brazilian station.—Dr. L. J. Williams, Assistant Surgeon, has sailed in the U. S. Brig Washington, on a surveying cruise, in the Gulf Stream.—The Boston Traveller says, that Dr. Fitzpatrick was fined eight dollars and costs for an assault upon Dr. Robert White. It seems that through some mistake they were both called to visit a sick woman. Dr. White arrived first, and was soon followed by Dr. Fitzpatrick, high words ensued, which ended in a physical assault upon Dr. White by his enraged medical brother.—The British and Foreign Medical Review is to be discontinued after October, says report.—In Great Britain there are 1585 deaf and dumb, and 1000 blind.—Late news from the Quebec quarantine, reports the ship fever to be on the increase, to a frightful extent.

To Correspondents and Subscribers.—Dr. Johnston's report of a Singular Case of Monstrosity, and Dr. Wallace's remarks on Inverted Eyelids, are received.—The Title-page and Index of vol. xxxvi. will be sent to subscribers with the next No.

Married.—At Andover, Sidney Drinkwater, M.D., of Westford, to Miss Elizabeth Cummings, of A.—In New York city, Dr. E. H. Kimback to Miss P. W. Travis.

Died.—At Taunton, Mass., Dr. Alfred Sargent Bayles, 32.—At Cairo, N. Y., Dr. Gurdon Huntington, 74.—In Durham, N. H., 1st inst., Dr. Jedediah Ingalls, 79. He was born in Andover, Mass., 1768, graduated at Cambridge College 1793, studied medicine with Dr. Thomas Kittredge, of Andover, attended medical lectures under the superintendence of the elder Dr. Warren, commenced the practice of physic in Durham in 1796.—At Augusta, Me., Enoch S. Tappan, M.D., 65.—At Newbury, Mass., Dr. Ebenezer Hale, Jr., 38.—At Lawrenceville, N. J., Dr. Joseph Phillips, 84, formerly a Surgeon in the U. S. Army.—At Manchester, Eng., John Walker, Esq., Surgeon to the Manchester Eye Hospital, and author of the Oculist's Vade Mecum, 44.

Report of Deaths in Boston—for the week ending Aug. 14th. 119.—Males, 59—females, 60.—Stillborn, 7. Of consumption, 10—typhus fever, 32—dropsy on the brain, 5—inflammation of the bowels, 4—disease of the bowels, 31—dysentery, 4—teething, 4—disease of kidneys, 1—lung fever, 1—scarlet fever, 1—brain fever, 2—old age, 1—canker, 4—disease of heart, 2—cancer, 1—marasmus, 4—infantile, 7—disease of the brain, 1—tumor, 1—cholera morbus, 1—measles, 1.

Under 5 years, 65—between 5 and 20 years, 14—between 20 and 40 years, 28—between 40 and 60 years, 10—over 60 years, 2.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

John C. Warren, M.D.	Enoch Hale, M.D.	John Jeffries, M.D.
George C. Shattuck, M.D.	Solomon D. Townsend, M.D.	J. B. S. Jackson, M.D.
Walter Channing, M.D.	Edward Reynolds, M.D.	Oliver W. Holmes, M.D.

At the Annual Meeting of the Committee on Wednesday, August 4th, 1847, a premium of sixty dollars or a gold medal of that value was awarded to Henry Bryant, M.D., of Boston, for the best dissertation on the following question:—"Is there any safe and certain operations for accomplishing the cure of common reducible inguinal hernia?"

The Questions for 1848 are—

1st. What is the nature and best mode of treatment of that affection of the eyes commonly called Morbid Sensibility of the Retina?

2d. The value of the Microscope in elucidating pathological changes in the human body.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1848.

The following Questions are proposed for 1849:

1st. The history and treatment of diseases of the throat affecting the voice, especially those to which public speakers are liable.

2d. What is the anatomical structure of the disease called aneurism by anastomosis, and what is the best method of treating it?

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1849.

The author of the best dissertation on either of the above questions will be entitled to a premium of sixty dollars or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the Dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith. OLIVER W. HOLMES, *Secretary.*

Boston, August 11, 1847. Aug18—4t

UNIVERSITY OF PENNSYLVANIA—MEDICAL DEPARTMENT.—Session of 1847-8.

The Medical Lectures will commence on Monday, the 18th of October, and be continued under the following arrangement, to the end of March ensuing.

Theory and Practice of Medicine,	by Nathaniel Chapman, M.D.
Chemistry,	
Surgery,	William Gibson, M.D.
Anatomy,	William E. Horner, M.D.
Institutes of Medicine,	Samuel Jackson, M.D.
Materia Medica and Pharmacy,	George B. Wood, M.D.
Obstetrics and the Diseases of Women and Children,	Hugh L. Hodge, M.D.

Clinical Instruction at the Pennsylvania Hospital, by G. B. Wood, M.D., on Medicine; and by Jacob Randolph, M.D., on Surgery.

Demonstrative Instruction in Medicine and Surgery, twice a week, by the Professors of the Medical Faculty, assisted by W. W. Gerhard, M.D., and H. H. Smith, M.D.

The rooms for Practical Anatomy will be open from October 1st to the end of March ensuing.—John Neill, M.D., Demonstrator.

Preliminary Lectures by the several members of the Faculty, will be delivered daily from the 4th to the 16th of October, inclusive.

Fees.—Amount of Fees for Lectures in the University, $105. Matriculating Fee (paid once only), $5. Hospital Fee, $10. Practical Anatomy, $10. Graduating Fee, $30.

The Commencement will take place at the usual period, early in April.

The vacancy in the Chair of Chemistry will be filled in time for the opening of the Session.

W. E. HORNER, M.D., *Dean of the Medical Faculty,*
386 Chesnut St., above Thirteenth, opposite the U. S. Mint.

Philadelphia, Aug. 2, 1847. Aug. 11.—eptOct.18

GENEVA MEDICAL COLLEGE.

The annual Course of Lectures at this Institution will commence on the first Tuesday of October next, and continue sixteen weeks.

Institutes and Practice of Medicine, by Austin Flint, M.D.
Anatomy and Physiology, by James Webster, M.D.
Obstetrics and Medical Jurisprudence, by C. B. Coventry, M.D.
Chemistry and Pharmacy, by James Hadley, M.D.
Principles and Practice of Surgery, by F. H. Hamilton, M.D.
General Pathology and Materia Medica, by Charles A. Lee, M.D.

The fees for the Course, $62. Matriculation fee, $3. Boarding, including the expenses of room, fuel and light, from $1,50 to $2,25 per week.

A Surgical and Medical Clinique is held daily through the course, at which a great variety of cases and operations are presented. The cabinet of Materia Medica is complete; and the Pathological department has been enriched by recent purchases at home and abroad. The most ample material for dissection will be supplied at all times at a reasonable rate.

New York, July 12, 1847. July31—eptOct CHARLES A. LEE, *Dean.*